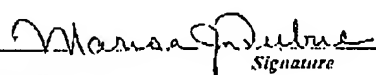


CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)			Docket No. 030392 / B.L.L.-0126	
Applicant(s): Samuel Zellner				
Application No. 10/713,939	Filing Date November 13, 2003	Examiner Charles T. Shedrick	Group Art Unit 2687	
Invention: A METHOD, SYSTEM, AND STORAGE MEDIUM FOR PROVIDING COMPREHENSIVE ORIGINATOR IDENTIFICATION SERVICES				
RECEIVED CENTRAL FAX CENTER MAY 01 2006				
<p>RCE (1 PG); AMENDMENT TRANSMITTAL (1 PG); AMENDMENT (15 PGS); TRANSMITTAL OF INFORMATION DISCLOSURE (2 PGS); FORM 1449 (1 PG)</p> <p>I hereby certify that this _____ (Identify type of correspondence)</p> <p>is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>571-273-8300</u>)</p> <p>on <u>May 1, 2006</u> (Date)</p> <p style="text-align: center;">_____ Sandy Yopp (Typed or Printed Name of Person Signing Certificate)</p> <p style="text-align: center;">_____ Sandy Yopp (Signature)</p> <p style="text-align: center;">Note: Each paper must have its own certificate of mailing.</p>				

AMENDMENT TRANSMITTAL LETTER (Large Entity)					Docket No. 030392 / BLL-0126	
Applicant(s): Samuel Zellner						
Application No. 10/713,939	Filing Date November 13, 2003	Examiner Charles T. Shedrick	Customer No. 36192	Group Art Unit 2687	Confirmation No. 4821	
Invention: A METHOD, SYSTEM, AND STORAGE MEDIUM FOR PROVIDING COMPREHENSIVE ORIGINATOR IDENTIFICATION SERVICES						
COMMISSIONER FOR PATENTS:						RECEIVED CENTRAL FAX CENTER MAY 01 2006
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.						
CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	22 -	22 =	0	x \$50.00	\$0.00	
INDEP. CLAIMS	3 -	3 =	0	x \$200.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00	
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account <input type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
 Marisa J. Dubuc Registration No. 46,673 Cantor Colburn LLP 55 Griffin Road South Bloomfield, CT 06002 Phone: 860-286-2929 Fax: 860-286-0115			Dated: May 1, 2006 <div style="border: 1px solid black; padding: 5px;"> I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____ _____ (Date) _____ Signature of Person Mailing Correspondence _____ Typed or Printed Name of Person Mailing Correspondence </div>			
CC:						